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CONFIRMATION NO. 3920

<b>SERIAL NUMBER</b> 10/071,361	<b>FILING OR 371(c) DATE</b> 02/08/2002 <b>RULE</b>	<b>CLASS</b> 052	<b>GROUP ART UNIT</b> 3635	<b>ATTORNEY DOCKET NO.</b> 7175-69092
<b>APPLICANTS</b> Dennis J. Gallant, Harrison, OH;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/298,257 04/22/1999 PAT 6,405,491 and claims benefit of 60/293,949 05/25/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/28/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>Allowance</i> Verified and Acknowledged <i>J. R. Chapman JRC</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 35
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23643				
<b>TITLE</b> Modular patient room				
<b>FILING FEE RECEIVED</b> 1140	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	